



## Authorization of Specialty Mental Health Services Policy

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**Approved Date** 08/01/2019

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**Policy** In accordance with state and federal regulations and contractual requirements and as a component of DBH's Utilization Management Program, the Department of Behavioral Health (DBH) as the Mental Health Plan (MHP) shall comply with requirements by implementing mechanisms to assure authorization decision standards of specialty mental health services (SMHS) are met.

**Definition(s)** **Adult Residential Treatment Services (ARTS)** are rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

**Authorization of Specialty Mental Health Services** is the responsibility to certify requests for treatment services and claims for SMHS, including a review of medical necessity criteria to ensure it satisfies federal and state requirements. The decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs.

**Concurrent review** is the examination of health care authorization document(s) by the MHP regarding medical necessity that is completed and responded to within 24 hours of receipt of the request.

**Crisis Residential Treatment Services (CRTS)** means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

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# Authorization of Specialty Mental Health Services Policy,

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**Definition(s),**  
continued

**Day Rehabilitation** is a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Day Treatment Intensive** is a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three (3) hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Health Care Professional with appropriate Clinical Expertise** is a licensed mental health professional employed by or contracted with DBH that has the knowledge and authority to approve or deny service authorization requests.

**Intensive Home Based Services (IHBS)** are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's or youth's functioning. These interventions are aimed at:

- Helping the child/youth build skills for successful functioning in the home and community, as well as
- Improving the family's ability to help the child/youth successfully function in the home and in the community.

**Point of Authorization** is the DBH Quality Management (QM) Division is the branch of the MHP that is responsible for the approval, denial or modification of all authorizations: inpatient, concurrent, outpatient and expedited. A specified unit within QM reviews, approves and/or denies the request depending on the type of services being requested. This unit also provides telephone access for providers regarding communication of treatment requests and payment authorizations.

**Psychiatric Health Facility (PHF) Services** are therapeutic or rehabilitative services provided in a facility other than a PHF, which is licensed under the provisions of Title 22 of the California Code of Regulations and certified by DHCS as a Medi-Cal provider of inpatient hospital services. PHF services are provided on an inpatient basis to clients who need acute care and whose physical health needs can be met in an affiliated general acute care hospital or in outpatient settings.

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## Definition(s), continued

**Specialty Mental Health Services (SMHS)** are rehabilitative mental health services provided through the MHP to county Medi-Cal beneficiaries that meet medical necessity criteria. These services include, but are not limited to, the following services: mental health; medication support; day treatment intensive; day rehabilitative; adult residential treatment; crisis residential treatment; and Early and Periodic Screening, Diagnostic, and Treatment supplemental specialty mental health services.

**Therapeutic Behavioral Services (TBS)** are supplemental specialty mental health services covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit. Title 9, California Code of Regulations (CCR), Section 1810.215 states, "EPSDT supplemental specialty mental health services" means those services defined in Title 22, [CCR] Section 51184, that are "provided to correct or ameliorate the diagnoses listed in Section 1830.205, and that are not otherwise covered by this chapter."

**Therapeutic Foster Care (TFC)** is a short-term, intensive, highly coordinated, trauma-informed, and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs. Children and youth receiving TFC also must receive ICC and other medically necessary SMHS, as set forth in the client plan. Similar to ICC and IHBS, there must be a CFT in place to guide and plan TFC service provision.

**Utilization Review** is the process utilized by the DBH through its licensed mental health professional that is responsible for reviewing the adequacy and appropriateness of chart documentation.

## Procedures for Authorizations

In accordance with State requirements, DBH is publishing its authorization policies and procedures for its clients and network providers. Please refer to the table below for specific procedures related to authorizations and requests for treatment services:

If...	Then...
An authorization for psychiatric inpatient hospital services is requested...	Refer to DBH procedure: Authorization of Psychiatric Inpatient Hospitalization Procedure (QM6051)
A psychiatric inpatient hospital requests authorization for Administrative Days...	Refer to DBH procedure: Authorization of Psychiatric Inpatient Hospitalization Procedure (QM6051)

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## Procedures for Authorizations, continued

If...	Then...
A request is made for CRTS or ARTS...	Refer to DBH procedure: Authorization of Adult Residential Treatment Services (ARTS) and Crisis Residential Treatment Services (CRTS) Procedure (CLP0839)
Prior authorization is being requested for Intensive Home Based Services...	Refer to DBH procedure: Prior Authorization for Intensive Home Based Services Procedure (CHD0321)
Prior authorization is being requested for Therapeutic Behavioral Services...	Refer to DBH procedure: Prior Authorization for Therapeutic Behavioral Services Procedure (CHD0319)
Prior authorization is being requested for Therapeutic Foster Care services...	Refer to DBH procedure: Prior Authorization for Therapeutic Foster Care Procedure (CHD0320)
If prior authorization is being requested for Day Treatment Intensive or Day Rehabilitation services...	Refer to DBH procedure: Authorization of Day Treatment Rehabilitation and Day Treatment Intensive Procedure (CLP0840)

## MHP Responsibilities

As the MHP for San Bernardino County, DBH is responsible for certifying that claims for all covered SHMS meet federal and State requirements, including medical necessity. Additionally, authorization procedures and utilization management criteria must adhere to the following principles:

- Be based on SMHS medical necessity criteria and consistent with current clinical practice guidelines, principles, and processes;
- Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their scope of practice;
- Be evaluated, and updated if necessary, at least annually; and,
- Be disclosed to DBH clients and network providers.

Be advised that DBH may place appropriate limits on a service based on medical necessity, or for the purpose of utilization control, provided that the services furnished are sufficient in amount, duration, or scope to reasonably achieve their purpose and that services to clients with ongoing or chronic conditions are authorized in a manner that reflects the client's ongoing need for such services and supports.

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**Communication Requirements** DBH is responsible for notifying DHCS, clients, and network providers in writing of all services that require prior or concurrent authorization. DBH must ensure that clients and network providers are aware of authorization procedures and timeframes necessary to obtain authorization for SMHS.

DBH must provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization. Refer to Notice of Adverse Benefit Determination (NOABD) Procedure ([QM6029-4](#)) for client notification requirements.

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**Related Policy or Procedure** DBH Standard Practice Manual:

- Authorization of Adult Residential Treatment Services (ARTS) and Crisis Residential Treatment Services (CRTS) Procedure (CLP0839)
- Authorization of Day Treatment Rehabilitation and Day Treatment Intensive Procedure (CLP0840)
- Authorization of Psychiatric Inpatient Hospitalization Procedure (CLP0838)
- Prior Authorization for Intensive Home Based Services Procedure (CHD0321)
- Prior Authorization for Therapeutic Behavioral Services Procedure (CHD0319)
- Prior Authorization for Therapeutic Foster Care Procedure (CHD0320)
- Utilization Management Policy (QM6050)

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**Reference(s)**

- California Department of Health Care Services, Provider Site/Certification Protocol, Attachment A, Definitions of Services Provided per California Code of Regulations, Title 9
- California Department of Health Care Services, Service Model for Therapeutic Foster Care
- Department of Health Care Services Mental Health and Substance Use Disorder Services Information Notice No. 19-026

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